



# Itinerary Merchant Application

## Temporary

City of Robstown  
 101 E Main Ave  
 Robstown, TX 78380  
 Phone: (361) 387-4589 OPT 5  
 Email: qc\_hub@cityofrobstown.com

Non-Profit     Indoor/Outdoor Vendors     Other

Establishment	Event								
Establishment Name: _____  Physical Address: _____  Mailing Address: _____  Type of Establishment: _____  Owner: _____  Phone: _____	Name of Event: _____  Event Start Date and Time: _____  Event End Date and Time: _____  Items to be sold: _____  _____  Comments: _____								
Temporary Permit Fees	Event Contact								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><input type="checkbox"/> City Sponsored Event/Non-Profit</td> <td style="width: 40%; text-align: right;">\$00.00</td> </tr> <tr> <td><input type="checkbox"/> Seasonal (Quarter-3 Months)</td> <td style="text-align: right;">\$25.00</td> </tr> <tr> <td><input type="checkbox"/> Can be used unlimited times within a calendar Year</td> <td style="text-align: right;">\$50.00</td> </tr> <tr> <td><input type="checkbox"/> Wholesale Permit</td> <td style="text-align: right;">\$75.00</td> </tr> </table>	<input type="checkbox"/> City Sponsored Event/Non-Profit	\$00.00	<input type="checkbox"/> Seasonal (Quarter-3 Months)	\$25.00	<input type="checkbox"/> Can be used unlimited times within a calendar Year	\$50.00	<input type="checkbox"/> Wholesale Permit	\$75.00	Event Contact Person: _____ Phone: _____ Fax: _____  E-Mail: _____  Lic# _____
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<input type="checkbox"/> Wholesale Permit	\$75.00								

_____ Applicant Print Name	_____ Applicant Signature	Date: _____
_____ Building Official Print Name	_____ Building Official Signature	Date: _____

Please submit to the city's Inspection Department